



1732

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 1732 )  
)  
Examiner: E. Lee )  
)  
Applicant(s): James Joseph Brodi, Jr. et al. )  
)  
Serial No.: 09/805,684 )  
)  
Filing Date: November 30, 2000 )  
)  
For: METHOD OF MAKING AN INTERIOR )  
TRIM PANEL )  
)


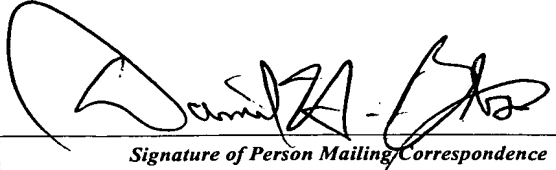
## AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated February 20, 2004, please amend the  
above-identified application as follows:

**CERTIFICATE OF MAILING:** (37 C.F.R. 1.8) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service with sufficient postage as First Class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on May 18, 2004, by Daniel H. Bliss

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>DP-301216</b>	
Applicant(s): <b>James Joseph Brodi, Jr. et al.</b>					
Serial No. <b>09/805,684</b>	Filing Date <b>November 30, 2000</b>	Examiner <b>E. Lee</b>	Group Art Unit <b>1732</b>		
Invention: <b>METHOD OF MAKING AN INTERIOR TRIM PANEL</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-2712</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>May 18, 2004</b>		
<b>Daniel H. Bliss (Reg. No. 32,398) [5683.00070]</b> <b>Delphi Technologies, Inc.</b> <b>Legal Staff - Intellectual Property</b> <b>P.O. Box 5052</b> <b>M/C 480-410-202</b> <b>Troy, Michigan 48007</b> <b>(248) 813-1235</b>			I certify that this document and fee is being deposited on <b>May 18, 2004</b> with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  <b>Daniel H. Bliss</b> _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					